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FACSIMILE COVER SHEET

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TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 19

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[X] No originals will be sent

DATE: November 15, 2005

TO: Examiner C. Nguyen
Group Art Unit 2173

FAX #: 571-273-8300

PHONE #: 571-272-4053

Application No.: 10/014,929
Applicant: Quimby
Due Date: October 15, 2005

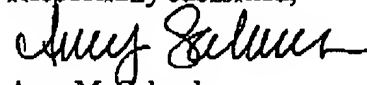
OUR REF.: 2761.01US02

FROM: Amy M. Salmela, Esq.
PHONE #: 612-252-1538

Attached please find the following for filing in the above-identified application.

- (1) Amendment in response to Office Action dated June 15, 2005;
- (2) Amendment Transmittal; and
- (3) Petition for Extension of Period for Response for two months.

Respectfully submitted,

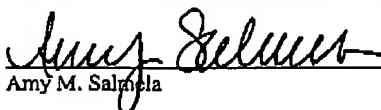


Amy M. Salmela
Registration No. 55,910

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 571-273-8300 on the date shown below.

15 Nov 05
Date


Amy M. Salmela

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Attorney Docket No. 2761.01US02

AMENDMENT TRANSMITTAL

In re the application of:

Quimby

Confirmation No.: 1029

Application No.: 10/014,929

Examiner: C. Nguyen

Filed: October 22, 2001

Group Art Unit: 2173

For: CUSTOMIZABLE WEB SITE ACCESS SYSTEM AND METHOD THEREFORE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Enclosed are:

- ☒ Amendment (15 pages).
☒ Petition for Extension of Period for Response.
☐ _____

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Percent Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	30	- [24]**	= 6	x 25	\$150		x 50	\$
Indep.	4	- [3]***	= 1	x 100	\$100		x 200	\$
Mult. Dep.			=	+ 180	\$		+ 360	\$
TOTAL					\$250	OR	TOTAL	\$

☐ First Presentation of Multiple Dependent Claim (MDC)

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

10014929

11/17/2005 WABDLR1 00000006 160631

100.00 DA

02 FC:2201

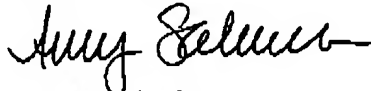
150.00 DA

03 FC:2202

Application No. 10/014,929

- ☒ Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.
- ☒ Please deduct the amount of \$250.00 from Deposit Account No. 16-0631. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,



Amy M. Salmela
Registration No. 55,910


Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

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I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 571-273-8300 on the date shown below.

15 Nov 05

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Amy M. Salmela